

BAR COUNCIL OF KERALA

(Statutory Body Constituted under the Advocates Act, 1961)

Bar Council Bhavan, High Court Campus, Kochi-682 031

KBC/BA/692/2026

23-02-2026

To,

The Presidents /Secretaries of all the Bar Associations in the State

Sir,

Subject: Request for Distribution and Collection of Application Forms – Group Personal Accident Insurance Scheme for Advocates

I hope this letter find you well

I am writing to request your good office to kindly arrange for the distribution and collection of application forms for the proposed Group Personal Accident Insurance Scheme for Advocates. This Scheme is intended to provide financial protection and support to members of the legal fraternity in the event of unforeseen accidents and related contingencies.

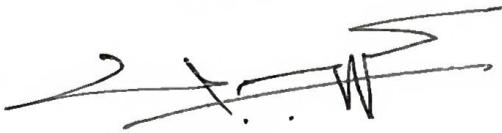
In this regard, I request the bar Association to circulate the enclosed application forms among its members and facilitate the collection of duly filled forms with the stipulated time frame. Your cooperation in coordinating this process will greatly assist in ensuring maximum participation and benefit to advocates.

The application form is enclosed here with for your reference and necessary action. It is requested to collect the duly filled application along with a copy of Aadhar/voters I D card of the applicant and send to Bar Council of Kerala. It is also requested to retain a register with your association for further purpose.

We sincerely look forward to your support and cooperation in implementing this welfare initiative for advocates

Thanking you in anticipation

Yours faithfully,


Haribabu R
Secretary

Notice in
common groups
DB

BAR COUNCIL OF KERALA

APPLICATION FORM
GROUP PERSONAL ACCIDENT INSURANCE SCHEME FOR ADVOCATES
(To be submitted through the concerned Bar Association)

Full Name (As per BCK Roll) : _____
Address for Communication : _____
Enrolment No. with Bar Council of Kerala : _____
Name of Bar Association : _____
Mobile No. : _____
Email ID : _____
Age & Date of Birth : _____
Gender : _____

2. Nominee Details

Name of Nominee : _____
Relationship with the Advocate : _____

3. Insurance Scheme Details

Premium: Rs.943/- annually

Capital Sum Insured: Rs.25,00,000/-

Scan the QR code for remittance)

Transaction ID _____
Date of remittance _____

Account details

Bar Council of Kerala
A/c No. 016500000022
IFSC DLXB0000165
Bar Council Branch



Coverage includes: Accidental Death, Loss of two limbs / two eyes / one limb and one eye/ Loss of one limb or one eye/ Permanent Total Disablement/ Temporary Total Disablement/ Accident Medical Expenses.(As per the terms and conditions of the Group Personal Accident Policy)

4. Declaration

I hereby declare that the information furnished above is true and correct. I agree to abide by the terms and conditions of the Group Personal Accident Insurance Policy of M/s. National Insurance Co.Ltd. arranged by the Bar Council of Kerala. I authorize the Bar Council of Kerala and the Insurance Company to use the above information for the purpose of enrolment in the scheme.

Signature of Applicant

Place: _____
Date: _____

5. Verification by Bar Association : Certified that the above advocate is a bonafide member of this Bar Association.

Office Seal

Signature of President/Secretary